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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

						raurance Company Usex
BUILDING OWNER'S NA	and the second s				Pok	y Number
WIL Moore Construction  BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.						npany NAIC Number
447 Richardsoni Drive	A fairmanni) coara	ypt, orat, some, androre				pany reac rention
CITY Central Point			STATE OR		IP CODE 7502	
		Numbers, Tex Percel N	lumber, Legal Description, er			· · · · · · · · · · · · · · · · · · ·
		lential, Addition, Access	ory, etc. Use a Comments a	эгэн, if neoessary.)		
LATITUDE/LONGITUDE	(OPTIONAL)	HORIZON	ITAL DATUM:	SOURCE: GP	S (Type):	
(##°-##-##.##" or ##			☐ NAD 1983		GS Quad Map	Other:
	S	ECTION B - FLOOD I	ISURANCE RATE MAP (F	RM) INFORMATION		
B1, NEIP COMMUNITY NAME Jackson County 415589	& COMMUNITY NUM	·	2. COUNTY NAME Idision		B3.STATE OR	
B4. MAP AND PANEL NUMBER 415589-0402	B5. SUFFIX B	96. FIRM INDEX DATE 4-1-1982	B7. FIRM PANEL EFFECTIVE/REVISED DA 4-1-1982	ATE B8. FLOOD ZON		ASE FLOOD ELEVATION(S) ne AO, use depth of flooding) 1259.4
B10. Indicate the source of the			•	- · · · · · · · · · · · · · · · · · · ·	4	
	FIRM	Community Deter		r (Describe):	7 · · ·	
B11. Indicate the elevation da B12 is the hallding located in			NAVI.∐ A hothodhed asiurathOro conc	D 1988 Other (Descr	100): 7] No.   Doolens	Kan Data
PIECES RESIDENCE DESCRIPTION			area or Otherwise Protected Ar LEVATION INFORMATION			Wit Dake
M. Suddan alayetinas and bu						
<ol> <li>Building elevations are ba</li> </ol>		•	Building Under Construction*	☐ Finished Construction	noor	
44		<u> ማይለት ለተጠናቀስ ተተከተ ላላ የከል እነ</u>				
*A new Elevation Certifica						
			noing is complete. the building for which this certif	icate is being completed - s	ee pages 6 and	7. If no diagram
	2 (Select the building	ng diagram most similar to		icate is being completed - s	see pages 6 and	7. If no diagram
<ol> <li>Building Diagram Number accurately represents the</li> </ol>	2 (Select the building building, provide a s	ng diagram most similar to sketch or photograph.)	the building for which this certif		see pages 6 and	7. If no diagram
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BUILDING STREET ADDRESS (I:	aces, copy the corresponding informat cluding Apt., Unit, Suite, and/or Bldg. No.) OR P.O. R	OUTE AND BOX NO		For Insurance Company Use:
447 Richardson Drive				Policy Number
City Central Point		STATE Or	ZIP CODE: 97502	· Company NAIC Number
	SECTION D - SURVEYOR, ENGINE	R, OR ARCHITECT CERT	FICATION (CONTINUE	D)
Copy both sides of this Elevation	n Certificate for (1) community official, (2) insura	nce agent/company, and (3) bo	ikting owner.	
COMMENTS C3a is the dirt crawlspace belo	iv the inhabitort eros			
C3e is the heat pump slab	W ENDERNANCE STOCK			
. ,				
OCCIONE DU	BONCE CATOUREONIATOR	201 00 / A LOW WHOLE AND ADDRESS		Check here if attachments
or Zona AO and Zona A hillhou	LONG ELEVATION INFORMATION (8)	JRVEY NOT REQUIRED)	OR ZONE AO AND ZO	NE A (WITHOUT BFE)
icition C must be completed.	t BFE), complete Items E1 through E4. If the E	evation Centhcate is intended to	x use as supporting informat	ion for a LOMA or LOMR-F,
<ol> <li>Building Diagram Number_(</li> </ol>	Select the building diagram most similar to the b	uilding for which this certificate	is being completed - see pa	ges 6 and 7. If no diagram accurately
represents the building, provi	de a sketch or photograph.)			
<ol> <li>The top of the bottom floor (in natural grade, if available).</li> </ol>	cluding basement or enclosure) of the building i	sft(m)in.(cm) 🔲 abov	e or Dibelow (check one)	the highest adjacent grade. (Use
	h openings (see page 7), the next higher floor o	r elevated floor (elevation b) of t	he building is #1 (m) in	(cm) shows the highest enforces
grade. Compléte items C3.h	and C3.i on front of form,			
4. The top of the platform of mac	thinery and/or equipment servicing the building i	isft.(m)in.(cm) ☐ abov	e or 🗋 below (check one)	the highest adjacent grade. (Use
natural grade, if available). 5. For Zone AO only: if no flood	depth number is available, is the top of the bott	om koor alasatad in mandana	with the removed to the od-	dala managana and and an area
Yes No Unkn	own. The local official must certify this informati	on in Section G.	HALL THE COLLECTION OF	xanı management oromance?
	SECTION F - PROPERTY OWNER (C		TATIVE) CERTIFICATIO	N
The property owner or owner's a issued BFE) or Zone AO must a	uthorized representative who completes Sectioning the sections A, B, C, and the sections A, B, C, and the sections A, B, C, and the section is A, B, C, and B, C,	ns A, B, C (Items C3.h and C3. and E are correct to the best of a	only), and E for Zone A (with ny knowledge.	hout a FEMA-issued or community-
	VNER'S AUTHORIZED REPRESENTATIVE'S			
ADDRESS		СПҮ	STAT	E ZIP CODE
SIGNATURE		DATE	TELE	PHONE
		VAIC .	(CLE	THONE
COMMENTS				
				Check here if attachments
		UNITY INFORMATION (OF		
he local official who is authorized entificate. Complete the applicat	by law or ordinance to administer the commun	ity's floodplain management on	linance can complete Sectio	ns A, B, C (or E), and G of this Elevat
in Section information in Section	ne least, by and sign below. I C was taken from other documentation that ha	s been signed and embossed (	oy a Roensed surveyor, engir	neer, or architect who is authorized by
or local law to certify elev	ation information. (Indicate the source and date	e of the elevation data in the Co	nments area below.)	
2. A community official comp	cleted Section Elfor a building located in Zone A (Items G4-G9) is provided for community flood;	(without a FEMA-issued or cor	nmunity-issued BFE) or Zon	e AO.
GA PERMIT NUMBER	G5. DATE PERMIT ISSUED		ANT PROPERTY AND	N ILLIANDO A RELIGIO DE LA CONTRACTOR DE L
Bos-0258		>>> 5	DZ-08-	PLIANCE/OCCUPANCY ISSUED
7. This permit has been issued f	or: New Construction Substantial Imp			
	or (including basement) of the building is:		1261.3 ft(m)	Datum: MVGDZ
9. BFE or (in Zone AO) depth of	flooding at the building site is:		1257.4 ft(m)	Datum: NGVD 2
LOCAL OFFICIAL'S NAME	DAVE ARKENS	TITLE	FLOODP	LAIN MANAGER
COMMUNITY NAME	CITY OF CENTRAL POINT	TELEPH	W.C.	-3321 EXT. 244
SIGNATURE	) and	DATE	01-31	- 2000 le
COMMENTS			01 51	
			·	Check here if attachments